

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Graham</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>134</u>	
District of <u>Safford</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>288</u>	
Town of <u>Central</u>		Local Registrar's No. <u>254</u>	
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD _____		Born _____	Yes _____
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive _____	NO _____
Sex of Child <u>male</u>	Twin, Triplet or other <u>✓</u>	and _____	Number in order of birth <u>3</u>
		Legitimate? <u>yes</u>	Date of Birth <u>Nov. 14</u> 192 <u>0</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Harry F. Whitmer</u>	Full Maiden Name <u>Winnie Webb</u>		
Residence <u>Central, Arizona</u>	Residence <u>Central, Arizona</u>		
Color or Race <u>white</u>	Color or Race <u>white</u>		
Age at last Birthday <u>27</u> (Years)	Age at last Birthday <u>23</u> (Years)		
Birthplace <u>Arizona</u>	Birthplace <u>Arizona</u>		
Occupation <u>farmer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>11-24</u> 192 <u>0</u> , at <u>6:43</u> ^{a.} M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J. M. Stratton</u>	
		(Attending physician, midwife, householder.)*	
Given or Christian name added from a supplemental report _____ 192 _____		Address <u>Safford, Ariz.</u>	
Filed <u>12-5</u> 192 <u>0</u>		LOCAL REGISTRAR.	
<u>269-1114-662</u> COUNTY REGISTRAR.		A True Copy Filed <u>12-10</u> 192 <u>0</u>	
		<u>J. M. Stratton</u> COUNTY REGISTRAR.	